CAMPAIGN FINANCIAL DISCLOSURE REPORT

(Please Print or Type)

	80	

	J. David Navarro Name of Candidate or Political Committee	County Clerk Office Sought (if Candidate)	District (if any)
	1914 North Coolwater Dr. Bo	oise, Idaho 83704, 323- Home Phone	-0782 364-2214 Work Phone
	Ramon Ysursa	77	Work Phone
	Name of Political Treasurer	Home Phone	
	619 Union Street, Boise, 83 Address of Political Treasurer (This is a change of address	3702 342-2486	364-2210 Zip Code
SECTIONII		TYPE OF REPORT	
Directions:	To indicate the type of report being filed fill in the appropriate date and due dates.	es and check the appropriate box(es). See the inst	ructional manual for reporting period
	This report is for the period from May 9, 1994	thru - June 3 1994 -	
	☐ 7 Day Pre-Primary Report XIX30 Day Post-Primary Report ☐ October 10 Pre-General Report	☐ 30 Day Post-General Report ☐ Annual Report (Due Jan. 31st) ☐ Termination Report	
	☐ 7 Day Pre-General Report		
	Is this Report an Amendment?	YES D NO	
- 11		STATEMENT OF NO	
		TRIBUTIONSOR EXPENDITURES	
	If you had no contributions or expenditures during this reporting p report. Be sure to carry forward the appropriate *Calendar Year T	eriod check the box next to the statement below, i	ill in the appropriate dates and algn t
	If you had no contributions or expenditures during this reporting p	eriod check the box next to the statement below, fo Date* figures in column II, Section IV.	
Directions:	If you had no contributions or expenditures during this reporting p report. Be sure to carry forward the appropriate "Calendar Year T \times I hereby certify that I have received no contributions and have m from $5-9-94$ thru $6-3-94$	eriod check the box next to the statement below, fo Date* figures in column II, Section IV.	
Directions: SECTION IV To reach you Column II fi Line 1. Cash Line 2. Ente Line 3. Tota Line 4. Subt Line 5. Tota	If you had no contributions or expenditures during this reporting p report. Be sure to carry forward the appropriate "Calendar Year T \times I hereby certify that I have received no contributions and have m from $5-9-94$ thru $6-3-94$	eriod check the box next to the statement below, fo Date* figures in column II, Section IV. tade no expenditures during this reporting period. SUMMARY COLUMN I	
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